MVE AFTER SCHOOL PROGRAM REGISTRATION FORM

Child #1 Name (first & last)	Grade _	
	Grade _	
Child #3 Name (first & last)	 Grade _	
Child #4 Name (first & last)	 Grade _	

Parent / Guardian Information

Guardian #1			
Phone (cell)	Phone (other)		
Email			
Guardian #2			
Phone (cell)	Phone (other)		
Email			
~Once staff receives your child(ren)'s enrollment form, the After School Care Director will collaborate with the MVE School Nurse to ensure all medical information is communicated and followed.			

Sign Out Information

Safety is a top priority at MVE	therefore, no child enrolled will be relec	rsed from		
· · · · ·				
, -	ent/guardian signature or that of one th	ie		
individuals listed below it a	parent/guardian cannot be reached.			
• Name	Phone #			
Relationship				
• Name	Phone #			
Relationship				
Name	Phone #			
Relationship				
After School Progra	am Parent Agreement			
,				
Student Pick-Up: Child participation	on in the after school program must be			
signed out by a parent/guardian	· -			
enrollment form.		Please initial		
		r ioaso iriirar		
Discipline: Participation in the after	er school program is a privilege. Your child			
	ptive or disrespectful behavior towards			
other students or staff is cause for	Please initial			
concerns about your child's beha	avior with the Atter school stall.	r icase ir iiilai		
Payment: Ton days propagate	\$50) increment is required before a			
Payment: Ten days prepayment (\$50) increment is required before a student can attend the after school program. Once a student has				
attended ten days, another ten day prepayment (\$50) is required.		Please initial		
		r ioaso iriiriai		
Parent/Guardian Name	Parent/Guardian Name	Date		
(Print)	(Signature)			